

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
3 Oct.		16	4	1			
Sex		Color or Race		Birth-place			
Female		White		Md			
Married, Single or Widowed		Single		Occupation		None	
Name of Wife or Husband							
Father's Name		Charles R Adams		Father's Birthplace		N.Y.	
Mother's Maiden Name		Alice Adelia Wheeler		Mother's Birthplace		N.Y.	
Name of person giving information		C. R. Adams		How related to deceased		Father	

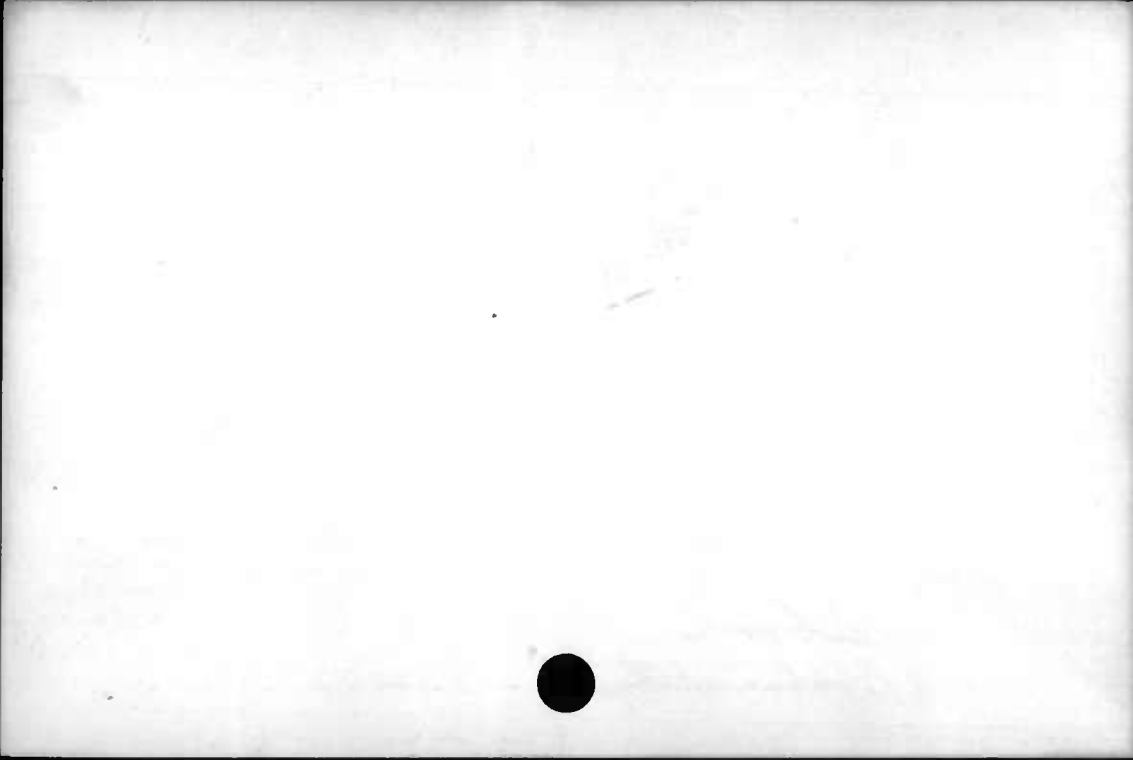
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Eczema	How long	3 yrs
Immediate	Marasmus	How long	3 yrs
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Engelhardt	
Address		Shradington Md	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Great Falls</u> <small>Town</small>			<u>Montgomery</u> <small>County</small>			MARYLAND
	Date of death 190 <u>3</u>	<u>Oct</u> <small>Month</small>	<u>22</u> <small>Day</small>	Age <u>2</u> <small>Years</small>	<u>6</u> <small>Months</small>	<u>X</u> <small>Days</small>	
	Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Montgomery Co. Md.</u>			
	Married, Single or Widowed <u>Single</u>			Occupation <u>X</u>			
	Name of Wife or Husband <u>X</u>						
	Father's Name <u>Malton Astlin</u>			<u>93.</u>	Father's Birthplace <u>Md. Montgomery Co.</u>		
	Mother's Maiden Name <u>Fannie J. Young</u>			Mother's Birthplace <u>Frederick Co. Md.</u>			
Name of person giving information <u>John P. Fauble</u>				How related to deceased <u>None</u>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Pneumonia</u>			How long <u>7 days.</u>			
	Immediate <u>X</u>			How long <u>X</u>			
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <u>M. J. Pratt M.D.</u>			
	<u>yes</u>			Address <u>Potomac Md.</u>			
	Accident or Suicide? <u>X</u>						



Offin B. Becht

Town

County

Died at

Poolsville

Montgomery

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Oct 14

Age 21

mo

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Chas Becht

Mother's

Maiden Name

Margaret Steele

Cause of

Primary

Consumption

Death

Immediate

How long sick

2 years

Accident, Suicide, Homicide

Reported by

Address

J. S. Pool

Poolsville

72nd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
3		Oct	5	8	8	7	
Sex		Color or Race		Birth-place			
		white		md			
Married, Single & Widowed		Occupation					
		Farmer					
Name of Wife or Husband							
Mary Inghel							
Father's Name		Sam. Carr		179		Father's Birthplace md	
Mother's Maiden Name		Mary Inghel				Mother's Birthplace md	
Name of person giving information		Nellie Carr				How related to deceased daughter in law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General debility	How long	
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. G. Babson		
	Address Spencerville Md.		
Accident or Suicide?			



Name
in
Full

Oliver Nimrod Lease

CERTIFICATE OF DEATH

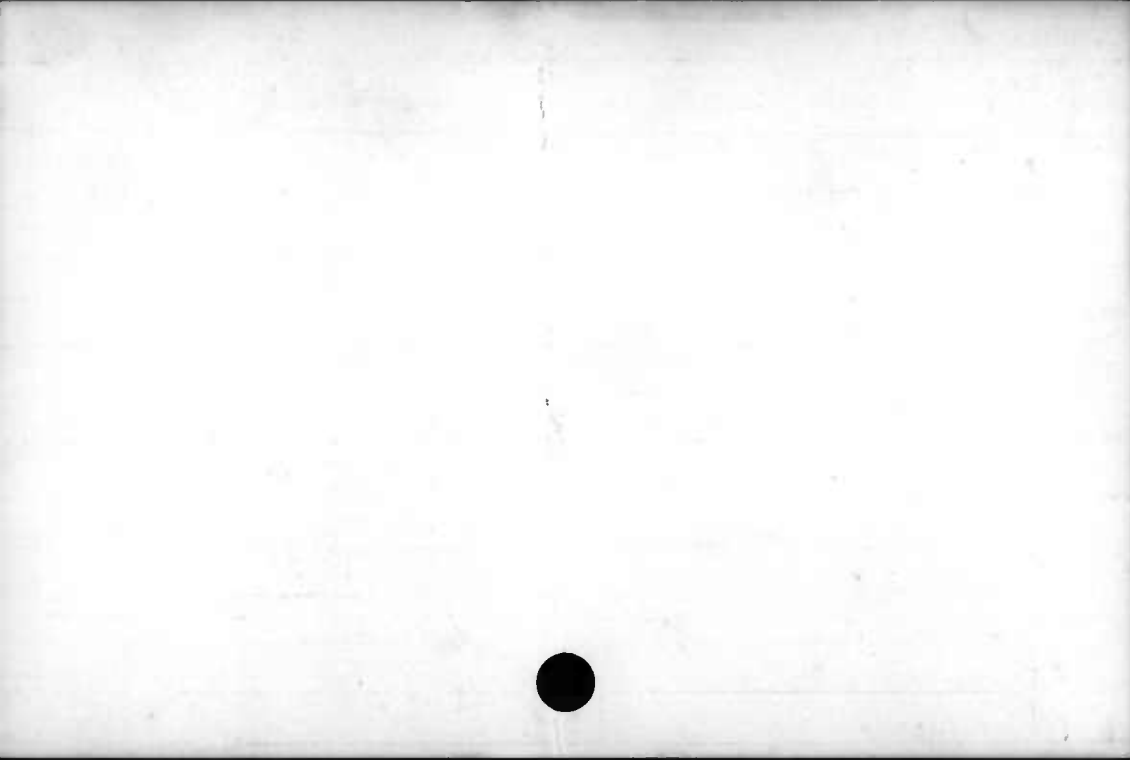
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Oct		16	29				
Sex	Male	Color or Race	White	Birth-place	Md.		
Married, Single or Widowed	Married	Occupation	Farmer				
Name of Wife or Husband	Pauline Bonaparte Willie Pearl						
Father's Name	Sam Lease				Father's Birthplace	Md.	
Mother's Maiden Name	Maryva Harding				Mother's Birthplace	Md.	
Name of person giving information	Sam'l Lease				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever		How long	1 month
Immediate	Cholera		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. J. Brown	
Yes		Address	Burnt Mills Md.	
Accident or Suicide?				



Nama in Full

Cartificata of Death

Francis Clark

Town

County

Died near Brookeville Montgomer

MARYLAND

Date 1903 Oct. 26 Y. 7 M. 4 D. Native of Mont. Co. Occupation —

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widow

Number of children living

Husband of

Father's Name Griffith Clark Mother's Name Lillie Clark

Cause of Death Primary Immediate Ptomain Poisoning How long sick 3 days

Accident, Suicide, Homicide

Reported by W. F. Green, Md.

Address Brookeville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Year	Months	Days
3 Oct		25		52		X	X
Sex	Male	Color or Race	White	Birth-place	X		
Married, Single or Widowed	Single		Occupation	Lock-tender			
Name of Wife or Husband							
Father's Name							
Mother's Maiden Name							
Name of person giving information							
Samuel Case							
How related to deceased							
None.							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Accidental Drowning.	How long	X
Immediate		How long	X
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		H. Pratt M.D.	
		Address	
		Potomac Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Andrew J. Harding</i>		Town <i>Aultona</i>		County <i>Montgomery Co</i>		MARYLAND	
Died at		Date of death 1907		Month <i>Oct</i>		Day <i>17th</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Age <i>57</i>		Months <i>—</i>	
Married, Single or Widowed <i>Widow</i>		Occupation <i>Farmer</i>		Birthplace <i>Houma La. Ind</i>		Days <i>—</i>	
Name of Wife or Husband							
Father's Name <i>Asbury Harding</i>				Father's Birthplace <i>Montgomery Co.</i>			
Mother's Maiden Name <i>Mercy Ann Burns</i>				Mother's Birthplace <i>Montgomery Co.</i>			
Name of person giving information <i>Samuel A. Harding</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of liver</i>		How long <i>4 mo.</i>	
Immediate <i>As known</i>		How long <i>1 week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Th. Busby</i>	
		Address <i>Laurel. Ind.</i>	
Accident or Suicide?			



Ida Hill

Town

County

Died at

Sandy Spring

Maryland

MARYLAND

Date 1863

Month

Day

Y.

M.

D.

Native of

Occupation

10

8

Age

23

4

5

Md

—

~~Male~~

White

~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of —

Wife

Father's

Name

Richard Hurd

Mother's

Name

Charlton Hill

Cause of

Primary

Bright's disease

How long sick

1- year

Death

Immediate

Senility

Accident, Suicide, Homicide

Reported by

Roger Brink

Address

Sandy Spring

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Rachel Joppy</i>		Town <i>Near Rockville</i>		County <i>Montgomery</i>		State MARYLAND	
Died at <i>Near Rockville</i>		Month <i>10</i>		Day <i>25</i>		Years <i>100</i>	
Date of death <i>1903</i>		Month <i>10</i>		Day <i>25</i>		Age <i>100</i>	
Sex <i>Female</i>		Color or Race <i>African</i>		Birth-place <i>Maryland</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Alms House</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>I don't know</i>					
Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>					
Name of person giving information <i>Rachel Smith</i>		How related to deceased <i>Granddaughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>		How long <i>X</i>	
Immediate <i>Exhaustion</i>		How long <i>One week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edward Anderson M.D.</i>	
		Address 	
Accident or Suicide? <i>No</i>			



Name in Full

Certificate of Death

Kaiser

Town

County

Died at

Bethesda

Montg.

MARYLAND

Date

1903

Month

10

Day

5

Age

Y.

0

M.

0

S.

1 hour

Native of

Md

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Lewis Kaiser

Mother's

Name

Lois Kaiser

Cause of

Primary

Placenta Previa

How long sick

Death

Immediate

Premature Birth (6 1/2 Mo)

~~Accident, Suicide, Homicide~~

Reported by

John L. Lewis, M.D.

Address

Bethesda, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

Naal Mason

CERTIFICATE OF DEATH

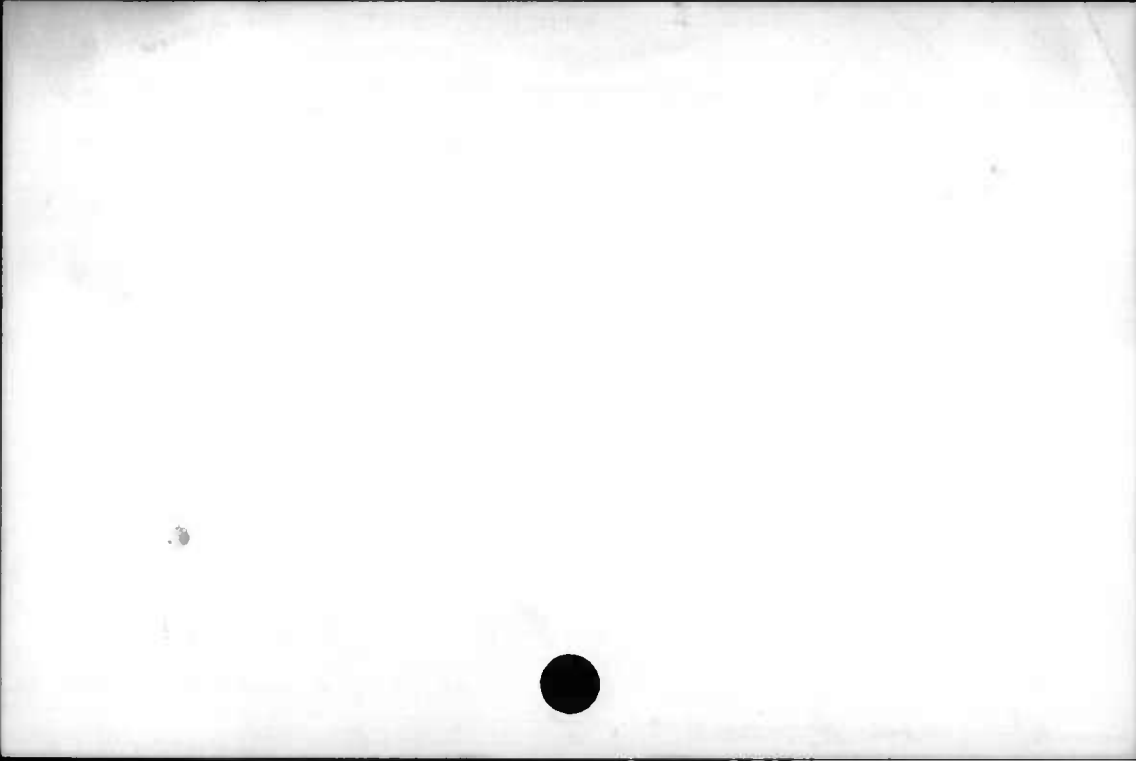
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monroeville</i> ^{Town}		<i>Monroeville</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>10</i>	Day <i>24</i>	Age <i>56</i>	Years <i>3</i>	Months <i>3</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>X</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jenn. Mason</i>			
Father's Name <i>X</i>		Father's Birthplace <i>X</i>			
Mother's Maiden Name <i>X</i>		Mother's Birthplace <i>120</i>			
Name of person giving Information <i>O M Litchman</i>		How related to deceased <i>Not stated</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Interstitial Nephritis</i>	How long <i>2 or 3 years</i>
Immediate <i>Uremic poisoning</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>O M Litchman</i>
	Address <i>Rockville Ind</i>
Accident or Suicide?	



Name
in
Full

John Murphy

CERTIFICATE OF DEATH

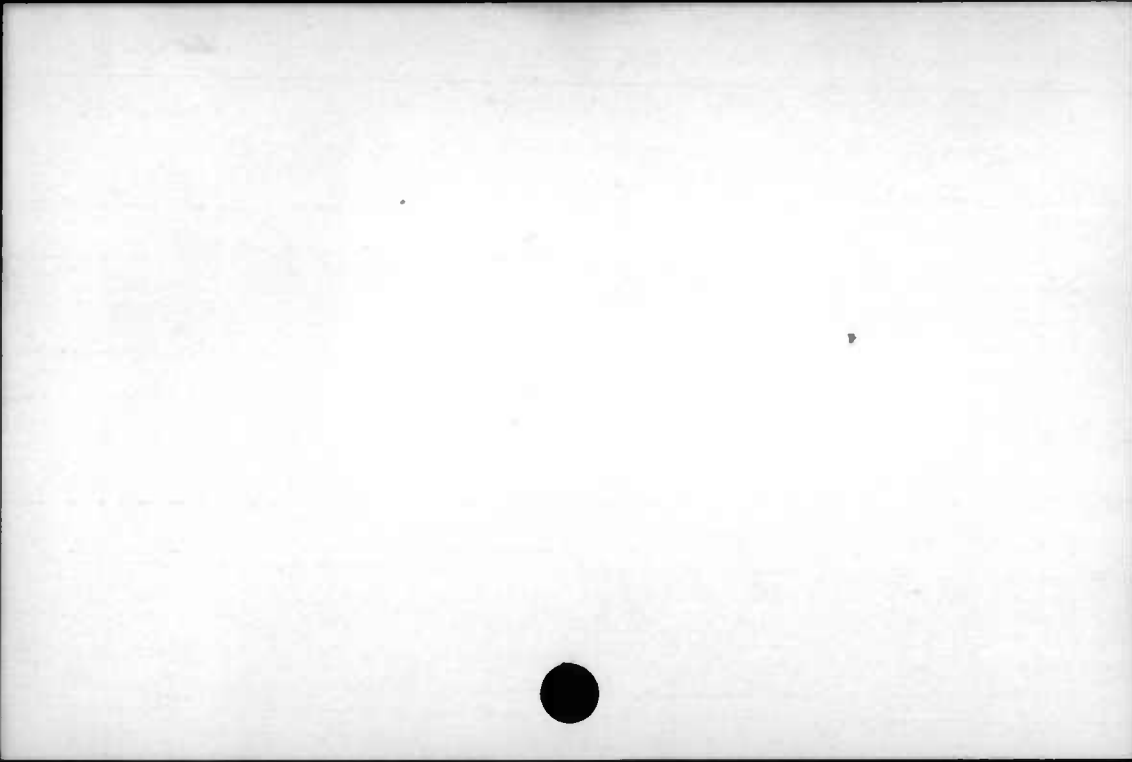
TO BE ANSWERED BY
NEAREST FRIEND

Died ^{Town} near Oakdale		^{County} Montgomery		MARYLAND	
Date of death 1903	Month Oct.	Day 10	Age 68	Months	Days
Sex Male	Color or Race White		Birth-place Ireland ^{1-Cremery} Thell		
Married, Single or Widowed Widowed		Occupation Labour			
Name of Wife or husband Honora Murphy					
Father's Name			Murphy 166.		
Mother's Maiden Name			Father's Birthplace Ireland.		
Name of person giving information Me. J. Murphy			Mother's Birthplace Ireland		
			How related to deceased Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Accidental, Falling	How long
Immediate	Supposed broken neck.	How long
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Chas. Farquhar
		Address Bluey. Montg. Co. Md.
Accident or Suicide Accident.		



Name
in
Full

CERTIFICATE OF DEATH

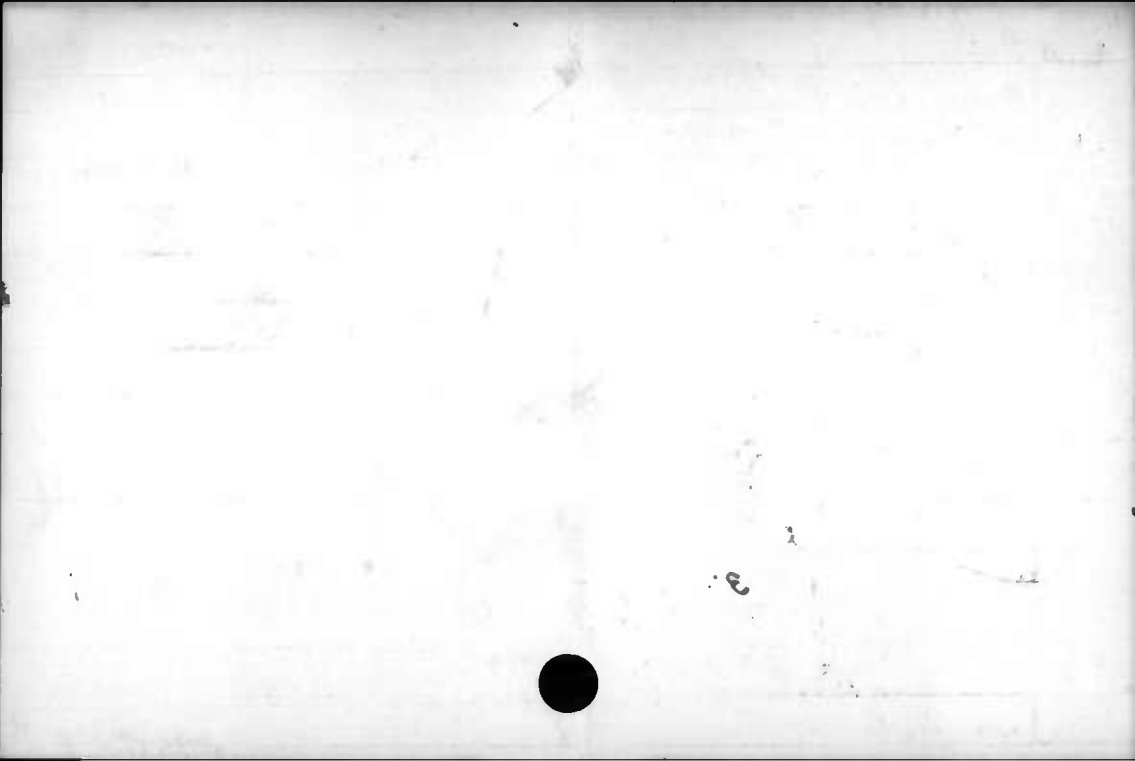
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Harwood Nelson		Town Coleville		County Nelson		MARYLAND	
Died at		Date of death 190		Age		Months Days	
Month 3		Day 25		Years 19			
Sex Male		Color or Race Colored		Birth-place MD.			
Married, Single or Widowed Single		Occupation Laboren					
Name of Wife or Husband							
Father's Name Sam Nelson				Father's Birthplace MD			
Mother's Maiden Name Annie Hays				Mother's Birthplace MD.			
Name of person giving information Tom Nelson				How related to deceased Uncle			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis		How long About 12 mo.	
Immediate Prostration		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. J. Brown	
Yes.		Address Burns Mills MD.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Purdy</i>		Town <i>Rockville</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Rockville</i>		Month <i>Oct</i>		Day <i>13th</i>		Years <i>70</i>	
Date of death <i>1903</i>		Month <i>Oct</i>		Day <i>13th</i>		Years <i>70</i>	
Sex <i>Male</i>		Color or Race <i>African</i>		Birth-place <i>Maryland</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Near Rockville Md.</i>					
Married, Single or Widowed <i>Single</i>		Name or Wife or Husband					
Father's Name <i>Don't know</i>		93				Father's Birthplace <i>Don't know</i>	
Mother's Maiden Name <i>Don't know</i>						Mother's Birthplace <i>Don't know</i>	
Name of person giving information <i>Leonidas Ribbotts</i>						How related to deceased <i>Not at all</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>		How long <i>X</i>	
Immediate <i>Pneumonia</i>		How long <i>Six days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edward Anderson M.D.</i>	
		Address <i>Rockville Md.</i>	
Accident or Suicide?			



Daniel Reynolds

Town

County

Died at

*Near Rockville**Montgomery*

MARYLAND

Date 19

03 October 1917

Age

Y. M. D.

70

Native of

Occupation

Maryland None

Male

White

Married

Widow

Divorced

~~Female~~

Colored

~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Name

Don't know

Mother's

Maiden Name

Don't know

Cause of

Primary

Syphilis

How long sick

20 years

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

Edward Anderson M.D.

Address

Rockville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name: *Orlando Richardson*
 Town: *Garrett Lane* County: *Wm. Mtz* MARYLAND
 Died at: *Garrett Lane*
 Date: *1903* Month: *Oct* Day: *22* Y.: *25* M.: *ma.* D.: *ma.* Native of: *ma.* Occupation: *Servant*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Number of children living: *0*

Husband of ☒

Father's Name ☒

Mother's Name ☒

Cause of Death: *Typhoid Fever* How long sick: *3 weeks*
Exhaustion
 Immediate ☒ Accident, Suicide, Homicide

Reported by: *J. W. Chappell*

Address: *Lenox Ave*

DC.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Lauriea Sedgwick

CERTIFICATE OF DEATH

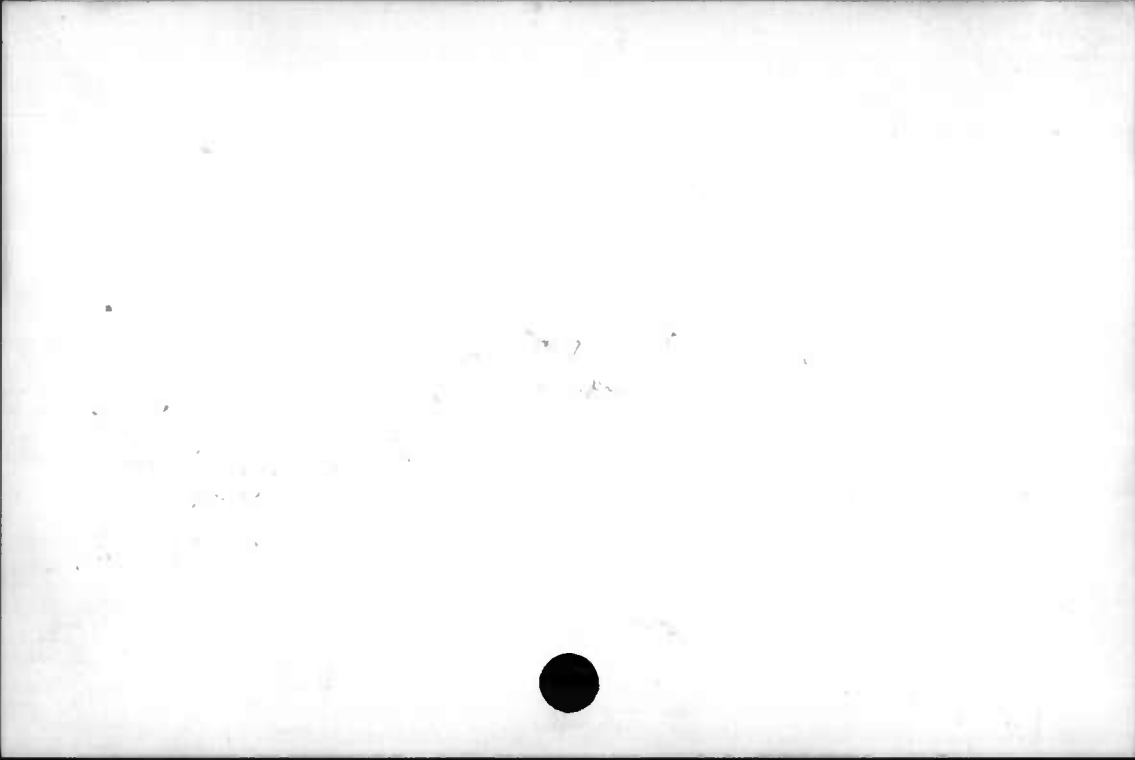
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Roadville</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>10</i>	Day <i>19</i>	Age <i>87</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Beard</i>		Birth-place <i>Ind</i>		
Occupation <i>nothing</i>			Where Residing if not at place of death <i>X</i>		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Sarah</i>			
Father's Name <i>X</i>			Father's Birthplace <i>X</i>		
Mother's Maiden Name <i>X</i>			Mother's Birthplace <i>X</i>		
Name of person giving Information <i>O. M. Linthicum</i>			How related to deceased <i>not at all</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General senile decline</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>O. M. Linthicum</i>
	Address <i>Roadville Ind</i>
Accident or Suicide?	



Name
in
Full

Edward C. Stonestreet

CERTIFICATE OF DEATH

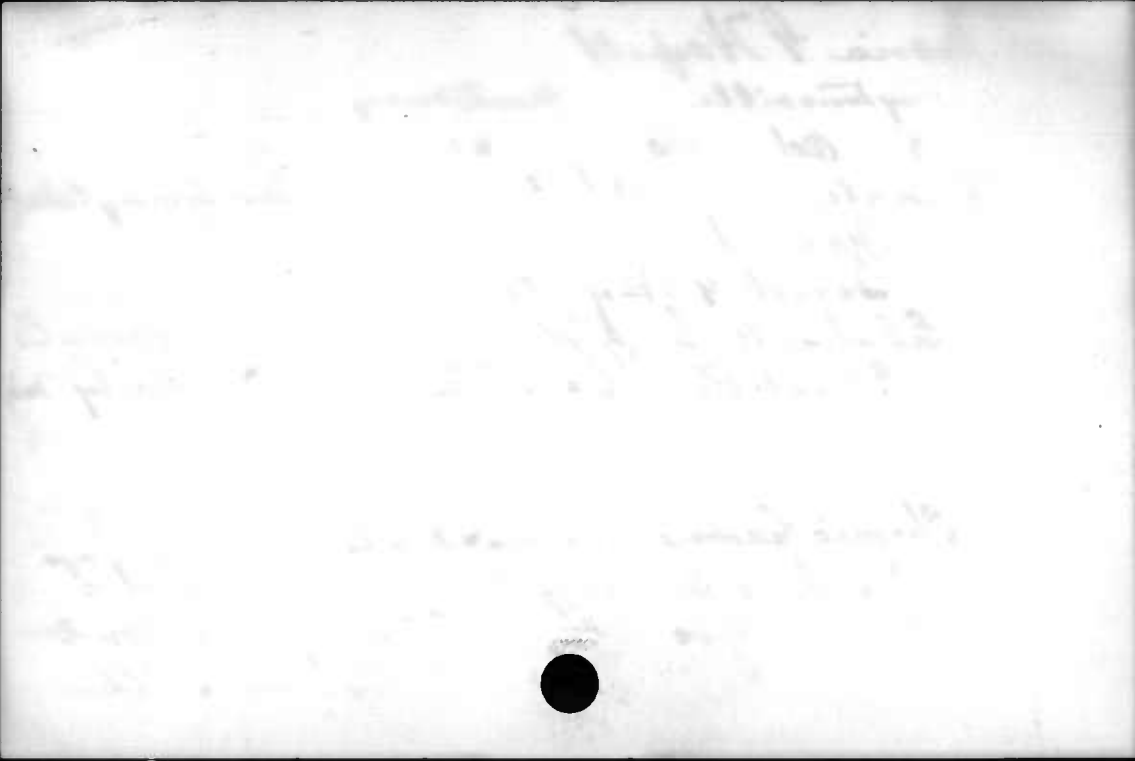
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Rockville		County Montgomery		MARYLAND	
Date of death	1903	Month Oct.	Day 9th	Age 73	Months -	Days 2	
Sex	Male		Color or Race	White		Birth- place	Montgomery Co Md
Occupation	Physician			Where Residing if not at place of death		X	
Married, Single or Widowed	Widower		Name of Wife band	M. R. Berry Stonestreet			
Father's Name	Samuel P Stonestreet				Father's Birthplace	Md	
Mother's Maiden Name	Abelardo Hall Stonestreet				Mother's Birthplace	Md	
Name of person giving Information	J. M. Linthicum 79				How related to deceased.	Son in Law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valves of Heart. Disease		How long	X
Immediate	Mode of death E. Lanthorn		How long	11 hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. M. Linthicum M.D.
			Address	Rockville Md
Accident or Suicide?				



Name
in
Full

Maria G Warfield

CERTIFICATE OF DEATH

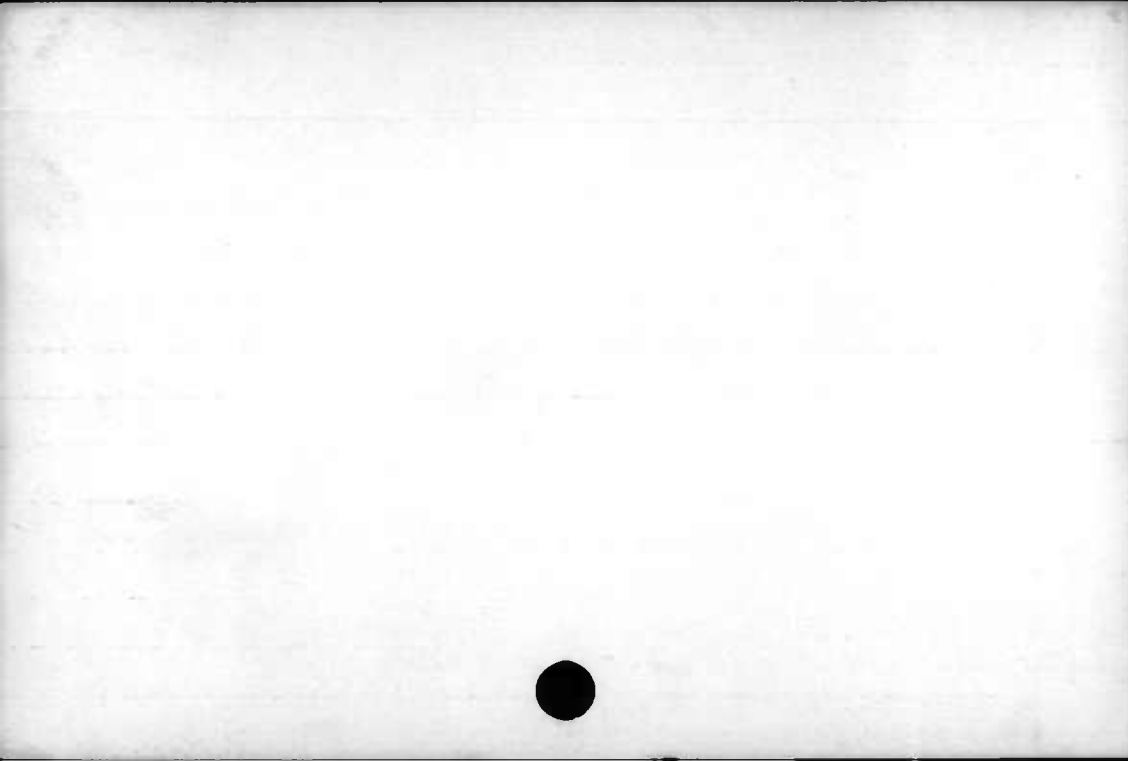
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Laytonsville</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death 1903	Month <i>Oct</i>	Day <i>30</i>	Age <i>65</i>	Years	Months <i>5</i>	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Montgomery Col Md</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>—</i>				
Name of Wife or Husband <i>Israel G Warfield</i>							
Father's Name <i>Elisha R Sniffitt</i>				Father's Birthplace <i>Montgomery Co</i>			
Mother's Maiden Name <i>Elizabeth Garton</i>				Mother's Birthplace <i>near Emily Md</i>			
Name of person giving information <i>Israel G Warfield</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic CardioEnteritis & Acute</i>		How long	<i>about 2 yrs</i>
Immediate	<i>Cerebral Meningitis</i>		How long	<i>assumed Acute from 10 weeks ago.</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>W H Dyson M D</i>	
			Address <i>Laytonsville</i>	
Accident or Suicide?				



Emily H. Waters

Town

County

Died at

MARYLAND

Date 19

03

Month

Day

Oct 1

Age

83.11.

Native of

Md

Occupation

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

None

Husband of

Wife

Father's Name

Greenberry Griffith

Mother's

Maiden Name

Prudence Jones

Cause of

Primary

How long sick

5 months

Death

Immediate

Dementia

~~Accident, Suicide, Homicide~~

Reported by

R. V. Walling M.D.
Poolersville, Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

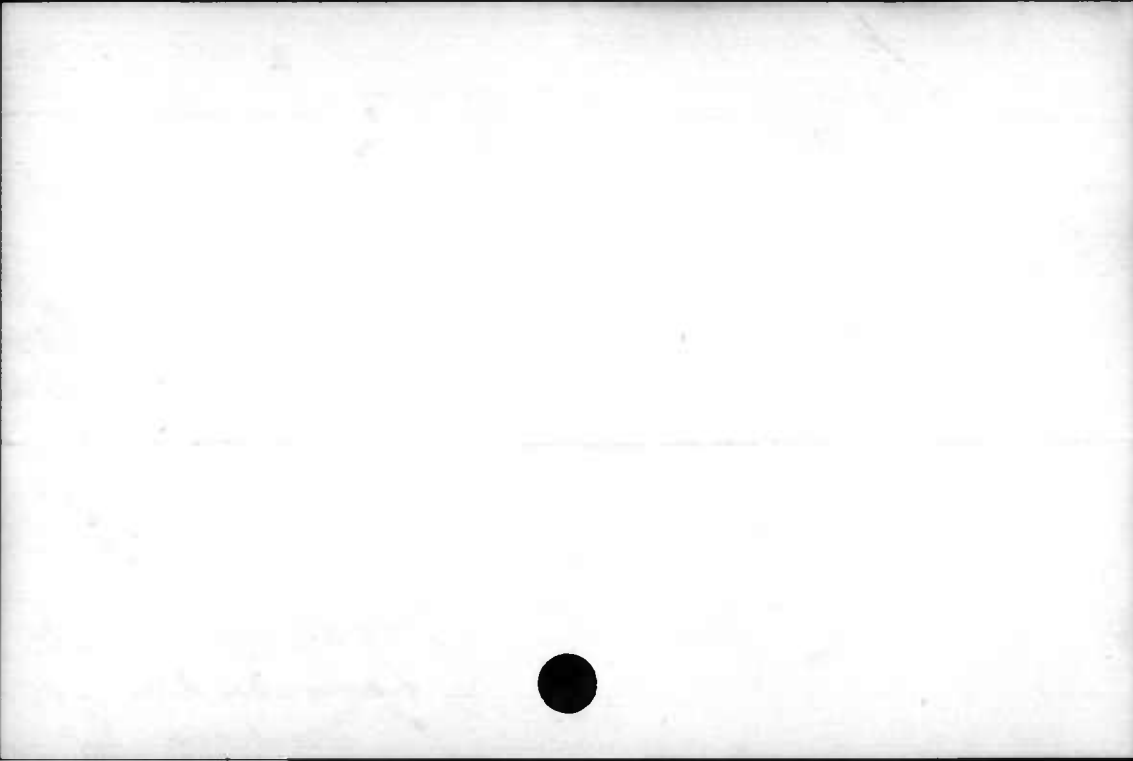
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Edmon</i>		Town		County		MARYLAND	
Date of death 1903	Month <i>Oct</i>	Day <i>30</i>	Age	Years	Months <i>4</i>	Days	
Sex <i>Female</i>	Color or Race		<i>White</i>		Birth- place	<i>Edmon Md</i>	
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
<i>Wm Wheeler</i>				<i>Md</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>Martha Miles</i>				<i>Md</i>			
Name of person giving In formation				How related to deceased			
<i>Wm Wheeler</i>				<i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>meninges</i>	How long	<i>2 weeks</i>
Immediate	<i>convulsions</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. B. Babson</i>
		Address	
Accident or Suicide?			



Name
in
Full

Frank Williams

CERTIFICATE OF DEATH

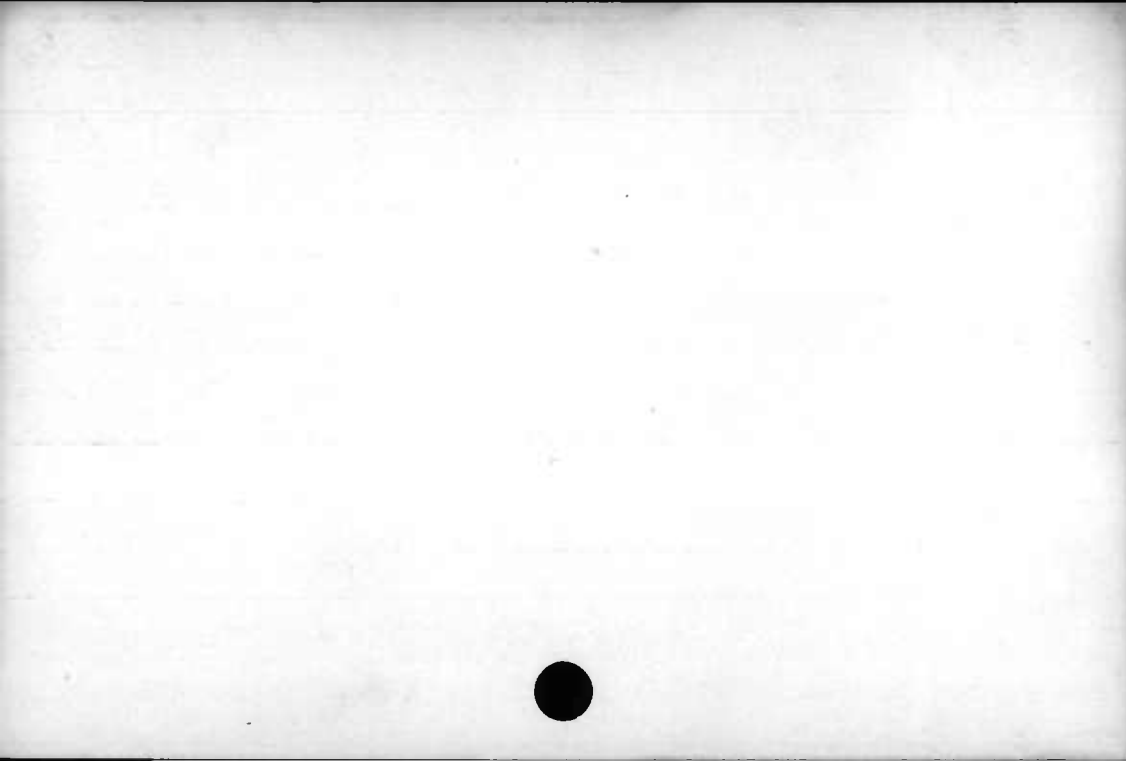
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Grifton</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Oct</u>	Day <u>1</u>	Age <u>5</u> -	Months <u>11</u>	Days
Sex <u>Male</u>		Color or Race <u>colord</u>		Birth-place <u>Grifton Ind</u>	
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>George Williams</u>			Father's Birthplace <u>Howard Co</u>		
Mother's Maiden Name <u>Mary Dorsey</u>			Mother's Birthplace <u>Montgomery Co</u>		
Name of person giving information <u>George Williams</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Spinal Meningitis</u>	How long	<u>2 weeks</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>W H Dyson M.D.</u>
		Address	<u>Raytownville</u>
			<u>Montgomery Co</u>
Accident or Suicide?			



Name in Full

Certificate of Death

Wilson

Died at

Bethesda

County

Montg.

MARYLAND

Date

1903

Month

10

Day

6

Age

Y.

0

M.

0

D.

18

Native of

Md.

Occupation

r 0

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Hereditary Syphilis

How long sick

18 days

Death

Immediate

Enterocolitis

~~Accident, Suicide, Homicide~~

Reported by

Address

John L. Lewis, M.D.
Bethesda
Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55558

